Senior Citizens' Secretariat
Newsletter

VOLUME 94 MAY 2000

New Chairperson

Honourable Jamie Muir
Minister of Health
Minister responsible for the Emergency Measures Act
MLA for Truro—Bible Hill

Mr. Jamie Muir graduated from Dalhousie University with a Bachelor of Arts and Bachelor of Education. He later received Master's and Doctorate degrees in Education at the University of Virginia.

Mr. Muir's extensive professional experience includes being a high school teacher in Truro, a lecturer at the University of Prince Edward Island, an assistant professor at Memorial University in Newfoundland, the principal of the Nova Scotia Teacher's College, and on faculty in the education department at St. Francis Xavier University. Mr. Muir was also the director of inspection services at the Nova Scotia Department of Education and inspector of schools in the Cumberland Colchester-East Hants Inspectoral district.

Mr. Muir has been the MLA for Truro-Bible Hill since March 1998. His constituency is comprised of the communities Bible Hill, Millbrook, Salmon River and Truro.

We welcome Minister Muir to his new responsibilities and to moving forward in strengthening the Senior Citizens' Secretariat.

What's New

During the past several months the Senior Citizens Secretariat has been busier than ever, even before activities for the International Year of Older Persons wound down, new committees were being formed.

The **Safe Driving Committee** has been revitalized to follow up on recommendations made to government in May 1998 and to examine new issues related to older drivers. Insurance rates for seniors, driver awareness and responsibilities of older drivers are a few of the topics which will be examined during the next year. In addition, a multi-disciplinary committee called "Driver Training and Testing Committee" is already meeting to discuss evaluation of driver skills and examine methods of encouraging all drivers regardless of age to take refresher courses and upgrade their driving skills.

Elder Abuse: The Senior Citizens Secretariat has named a committee to develop a strategic plan on Elder Abuse and to identify areas of concern, existing programs, gaps in programming and recommend a plan of action. This plan of action will be monitored by the Elder Abuse Committee to ensure that recommendations are acted upon.

Seniors for Literacy: This Committee has applied for funding from the National Literacy Secretariat to research literacy needs of seniors in Nova Scotia. This process will involve holding consultations and discussion with seniors and care providers in all parts of Nova Scotia. It is important to hear from seniors and to know what they see as

2007-04992/

solutions for themselves on these issues and in the community in which they live. Day to day literacy skills can mean that seniors need help to read their mail, fill out forms, read prescriptions and so on. The other end of the scale may mean increasing opportunities for seniors to learn about new technologies such as computers, banking machines and complicated telephone call lines.

With changing demographics, literacy skills will impact on seniors, especially in rural areas. Out-migration of young people often means there are fewer available persons to lend a hand to older persons. In helping older Nova Scotians maintain their independence we can be assured they will live happier more fulfilled lives feeling linked to others in their own community and beyond.

Senior Friendly Committee: This project has recently been launched in Nova Scotia through a partnership with Canadian Pensioners Concerned, Tourism Industry of Nova Scotia and the Secretariat. The goal of this project which is national in scope is designed to encourage business, government and the non-profit sector to become more "Senior Friendly".

Seniors will be trained to go to businesses and agencies to determine their level of senior friendliness and to determine if there are ways to improve or change staff attitude and physical items such as lighting, height of shelves and other such things that can make shopping/ receiving services more convenient especially for seniors who may be experiencing sensory losses.

The second part of the project will see staff from the Tourism Industry Association of Nova Scotia conduct one day seminars with interested businesses and organizations wishing to become senior friendly. Once the training session is completed a "Senior Friendly" sticker will be posted for all to see.

Senior customers are loyal and appreciative of efforts made to recognize them and meet their changing needs. We expect to see many companies and organizations becoming senior friendly to meet the growing market and older consumer needs.

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles and items of interest from you. Please include your name, address and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies and programs presented by the departments of the provincial government. The Secretariat serves as a one door entry to government for seniors, seniors' groups and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.

Grandparents Rights: As divorce rates continue to increase, more and more grandparents and grandchildren find they are no longer able to have and enjoy the extended family relationships which they had previously. The "best interest" of the child is what is determined when parents separate and when divorcing. The federal legislation under the Divorce Act awards custody to one or both parents.

Under the law at the present time grandparents are given no special rights other than "any person may apply for custody". The concern of the majority of grandparents is having access not having custody. Many times, because of bitterness, one or the other parent denies access to grandparents. There is no doubt in some cases this may be in the best interests of the child, however there are many other situations where reasonable access is very appropriate for grandparents and grandchildren. Too often children are used as pawns and spitefulness and bitterness lasts for many years leaving gaps within relationships for too many years. This issue will be explored by a committee of concerned grandparents to review legal aspects and to encourage education and awareness around this highly charged and emotional issue.

Legacy Project: A legacy project created by the Nova Scotia Planning Committee for the International Year of Older Persons is a School Curriculum Project. This idea grew and has now been formulated into 4 booklets which will become a resource for teachers in pre-school, Grades 3, 6 and 9. The project has been a partnership with the Department of Education and the Senior Citizens Secretariat. It is hoped this project will encourage students to understand the aging process and help students identify ways in which younger and older persons can share and work together.

These five new committees will meet on a regular basis.

Valerie White

Great Resolutions

1. Eat right 90% of the time; eat whatever you want 10% of the time.
2. Get as much sleep as you need to be happy, healthy, and fun to be around.
3. Make up creative excuses to get more exercise.
4. Do something every day that makes you laugh out loud.
5. Limit TV to one hour a day or less.

Source: The Hope Heart Institute, Seattle

Coping With Serious Illness

Best Approach	Worst Approach
Acknowledge the situation	Deny or avoid the situation
See problems on a continuum	All-or-none thinking
Search for information	Avoid information
Share emotions	Keep emotions inside
Identify specific problems/issues	Keep problems/ issues general
Develop an active response to problems	Be passive to problems
Seek and consider treatment alternatives	Avoid consideration of treatment alternatives
Seek out social support	Remain isolated

Source: Adapted from the Journal of the American Medical Association, Vol. 282, No. 4

*Best Places to Live**

1. Canada
2. Norway
3. U.S.A.

4. Japan
5. Belgium
6. Sweden
7. Australia
8. Netherlands
9. Iceland
10. Britain
11. France
12. Switzerland
13. Finland
14. Germany
15. Denmark
16. Austria
17. Luxembourg
18. New Zealand
19. Italy
20. Ireland

* 1999 U.N. Human development Report. Ranking is based on how people live, factoring in health care, life expectancy, education and income.

Physicians are from Mars, patients are from Venus?

Patients' complaints about doctors:

- Long waits for appointments
- High fees or unexplained fees
- Doctors who don't introduce themselves
- Doctors who don't apologize for being late
- Doctors who don't knock on closed exam-room doors
- Doctors who don't warn patients about painful procedures
- Doctors who don't show empathy
- Doctors who "sugar coat" the truth about treatments, procedures, or diagnoses
- Doctors who use medical jargon and don't provide written information
- Doctors who refuse to talk about new medicines or treatments
- Doctors who don't listen

Doctors' complaints about patients

- Patients who present too long a list of complaints to handle during one visit
- Patients who save the most crucial symptom for last ("I've been having some chest pain.")
- Patients who are more interested in telling the doctor what they think the diagnosis is, rather than telling the doctor about their symptoms
- Patients who expect their doctors to do everything for them, or who expect a "magic pill" so they can avoid making lifestyle changes
- Patients who demand a cure now!
- Patients who don't adopt healthy lifestyle habits and complain about the consequences
- Patients who complain about the high cost of medical care while spending big bucks on alcohol and/or tobacco.

Sources: Listen to Me, Doctor: Taking Charge of Your Own Health Care by Marti Ann Schwartz; Conversation Repair: Case Studies in Doctor-Patient Communication by Frederic W. Platt

Aging parents and their changing needs

by Karen Henderson

There are some things in life we don't really want to think about; consequently we don't plan for them. One of those things is aging parents and their changing needs.

Whether we want to face it or not, eldercare is already a reality for the first wave of North America's 27 million baby boomers. Too many of us, however, are utterly unprepared to assume the role of caregiver for our aging parents.

Rarely do I meet adult children to seniors through Caregiver Network who want to talk about planning for their loved one's future. Rather, I meet them when they are in crisis, when they are already under tremendous stress to make decisions too quickly, with too little information.

I know, I was one of those adult daughters who thought my father would go on forever functioning independently. How wrong I was and how we both suffered as a result of my denial.

This denial can lead to countless problems, stresses and ultimately to caregiver illness or depression.

Caregiving can start gradually or it can start suddenly with a desperate phone call in the night. However it starts, in all probability you won't be ready.

So, how can you begin to prepare?

1. Expect and accept that your parents will grow old. Aging is not a disease; it is part of the life cycle.
2. Start talking to your parents about what they want as they age. If they want to stay in their own home, should they be looking at home renovations to make it easier to go up and down stairs or use the bathroom if a wheelchair is required?
3. Understand the critical role of legal and financial planning. Start to gather information about your parents' financial security; learn where original documents are stored. Ensure your parents have prepared necessary documents such as wills, advance directives and powers of attorney. Be prepared for some emotional encounters but don't give up.
4. Talk to your siblings about how you plan to divide responsibility for your parents' well-being.
5. If a parent suffers from a particular disease—heart or stroke, arthritis, diabetes, dementia—learn all you can now about the disease and what a caregiver can expect as the disease progresses.
6. Ask questions about the health care system in your parents' province or state; understand what alternate accommodations exist, how home care operates, what social services are available.
7. Talk to your peers about how they are facing the challenges of eldercare, the problems they have encountered and solutions they have found.
10. Take an objective look at yourself. Are you prepared to be a caregiver for a parent? How will you accomplish this, alongside your other roles as a business professional, parent, spouse?

Think ahead and prepare yourself and your parents for what may happen so you can ultimately say "I have done the best that I can."

Open communication with your parents is the most powerful tool you have to help ensure you and your parents age gracefully together. It's never too early—or too late—to begin this critical conversation.

Source: *The Caregiver*
The newsletter of Caregiver Network Inc.
Winter 2000

Atrial Fibrillation Study

The Heart and Stroke Foundation of Nova Scotia has granted funding to the Atrial Fibrillation Study, which is being performed in cooperation with ICONS. The co-principle investigators for this study are Dr. David Anderson and Dr. Jafna Cox. The co-investigators include Dr. P.J. Devereaux, Dr. Gordon Flowerdew, Dr. Martin Gardner and Dr. Wayne Putnam. Ms. Brenda Brownell is the Project Coordinator.

The study design includes four components, the first of which began in September 1999. This phase is designed to elicit physician and patient preferences and viewpoints regarding the use of blood thinning medications in patients with atrial fibrillation to decrease their risk of stroke. This process involves face to face interviews with both patients and physicians. Dr. P.J. Devereaux and Ms. Brenda Brownell are conducting interviews. Preliminary data may be available for presentation at the May 2000 Steering Committee meeting.

Visit our website at: www.icons.ns.ca

Book Review

Front Page Challenge

The program was supposed to be a summer replacement, but it ran for 38 consecutive years, and was a fixture in countless Canadian homes. During its reign on television, Front Page Challenge hosted scores of leading political, stage and screen figures, athletes, war heros and more. In his book, the author, who was one of the show's writers, reintroduces us to host Fred Davis, and regular panelists Pierre Berton, Gordon Sinclair, Jack Webster, Toby Robbins and Betty Kennedy. He looks at their individual personalities and how this disparate group became household names. This is a book full of insider anecdotes and memories from the entertaining show, Canada's longest-running television program.

Front Page Challenge, by Alex Barris, published by Macmillan Canada, 231 pages, hardcover, $29.95.

Do Older Women Need Pap Tests?

Conventional wisdom recommends that women over 50 should have an annual Pap test for cervical cancer. Some health care professionals are now suggesting that the Pap test need only be done at three-year intervals in some women, or even discontinued in women over 65 who have had normal findings on at least three consecutive tests. However, doctors at the Johns Hopkins Medical Centre refute this notion, and reiterate that women should have a Pap test annually, regardless of age. In their opinion, this test remains one of the most useful screening tools doctors have for any illness.

New Products

Making Exercising in Water Easier

The benefits to be derived from exercising in water are many, including muscle strengthening and improved cardiovascular function. In addition jogging and running in waist-deep water allows for high levels of energy output with relatively little strain on joints. A line of workout accessories from AquaJogger has been designed to make low-impact exercising in water easier and more enjoyable. The new SHAPE belt offers a customized fit for women with short or larger waistlines; while the FIT belt is for women with longer torsos. In addition, there is a variety of other belts and accessories for men, women and children. Prices vary depending on type of buoyancy accessory. For a catalogue and information, call AquaJogger at 1-800-922-9544 or visit the Web site at *www.aquajogger.com*

In-Bed Hair Wash System

This innovative hair washing system from Ableware eliminates the mess and struggles of shampooing in bed. A drain plug on the bottom of the double-walled basin allows used water to be stored in an internal reservoir. After shampooing, the drain plug can be closed and the whole unit carried away to be empties. The basin holds over

two gallons of water and has a comfortable neck rest and convenient carry handle. Price: $158.60. Also from Ableware is Dyna Form-It, a rubber compound in a putty-like form. Create customized handle shapes for eating utensils, dressing and grooming aids, and so on. Sets in 24 hours and will not chip, crack or peel. Price ranges from $15.00 and up, depending on the color of putty. For info and catalogue, call 1-800-361-3537, or visit the Web site at *www.ableware.com*

Privatization and Health Care

Dr. Thomas Rathwell, Professor and Director, School of Health Services Administration, Dalhousie University

Recent reports in the media about long waiting periods for treatment and the crisis in emergency services could lead one to conclude that the Canadian health care system is in trouble. While these concerns are not especially new, this latest round of media commentary has produced a more concerted response to the problem: namely, greater privatization of the health care system. Two examples illustrate the new thinking: The proposal by the Province of Alberta to contract out certain medical and surgical services to the private sector(1); the paper Operating in the Dark: the gathering crisis in Canada's health care system (2) which argues that the only way to 'save' the Canadian health care system is through greater private sector participation and the discipline of competition.

Proponents of greater privatization in health care argue that it enhances individual choice, fosters innovation and reduces inefficiencies. Is privatization the solution to the 'crisis' in Canada's health care system? This is a complex question to which there is no straightforward answer. There are many different perspectives that mus be addressed when trying to answer the question, however this discussion focuses only on the ethical dilemmas inherent in privatization.

The Canadian health care system, like most health care systems, is a hybrid: it is a mixture of public financing and private, primarily not-for-profit delivery. What distinguishes one country's health care system from any other is the balance or relationship between the public and private sectors. In other words, it is the detail rather than the concept which is different. So it is with the ethics of privatization.

Why emphasize ethics? Ethics underpin everything we do, though we may not be overtly conscious of the fact. Ethics is the moral code or framework by which we decide what is right and/or what is wrong. Ethics is value-based. Some of the values which should comprise an ethical framework or code are dignity, equity, justice, honesty and respect. In essence, there is a different ethos which underpins the public and private health sectors. The public sector ethos, generally, is one of inclusiveness or universal entitlement. The private sector ethos is more one of exclusiveness or selectivity through individual choice.

Why should increased privatization in health care be of any concern from an ethical perspective? After all, there are ethical issues inherent in health care whether it is public sector or private sectro based. However, privatization does have a number of ethical dilemmas which are referred to as

'market failure'. Three aspects of market failure are discussed: adverse selection; risk aversion; and information asymmetry. Each of these is addressed in turn with special attention to the implications for seniors.

Adverse selection is the practice of insurers denying coverage to individuals where the potential cost of providing health care is judged to be greater on average than the insurance could finance. This can take several forms. For example, people may be unwilling to pay higher premiums for extensive coverage and therefore purchase insurance which only covers limited health risks. Thus in a competitive market, insurers offering high-cost, high-risk policies will lose out to those selling low-cost, low-risk policies. The implications for seniors could be profound in that they may be considered higher risk candidates and consequently either be unable to obtain adequate health insurance at an affordable cost or may be denied health insurance altogether.

Risk selection, often called 'cream skimming', is the screening out by insurers of high-risk conditions and/or individuals. This practice of 'underwriting' tends to discriminate against seniors who, rightly or wrongly, are considered to be high consumers of health care. Even where they are able to obtain health insurance, such policies tend to exclude certain high cost conditions, such as cancers or chronic illnesses.

Information asymmetry occurs when one side or the other possesses information which puts them at a clear advantage in dealings. For example, consumers may conceal certain conditions from insurers in order to secure lower premiums. Insurers often use the information to practice risk selection.

The patient-doctor relationship is also affected by information asymmetry, since physicians typically know that much more about conditions and treatments, and may use this knowledge to recommend certain treatments or services which may benefit them financially. There is little concrete evidence though on the extent to which such 'supplier-induced demand' actually occurs. Nonetheless, because it is a possibility it does have ethical connotations.

Conclusion:

The debate around more privatization in health care is also a debate about the fundamental values of our society. The creation of medicare in Canada, as enshrined in the Canada Health Act, was founded on a particular set of moral values. Principal among these is the universal coverage, accessible to all and unimpeded by cost. Increased privatization will erode these principles.

The purpose here is not to argue that public provision of health care is good and that private provision is bad. Rather it is to argue that there is an ethical imperative in any decision to alter the current balance or mix between the two sectors. The decision to change the mix or not is political. However, it must be made with full knowledge and understanding of the ethical implications.

References:

1) Dr. Klein's Prescription, The Globe and Mail, 3 December, 1999
2) Crowley, B., Ziner, D., Faraday-Smith, N., Operating in the Dark: The gathering crisis in Canada's health care system, AIMS - Atlantic Institute for Market Studies, Halifax, 1999

Source: *Vital Aging*, Volume 6, Number 1, February 2000

Top achievements of the century

Since 1900 to 1999, the average American's lifespan has increased by more than 30 years. About 25 years of this gain are due to public health advances.

Here are the top public health achievements of the century, according to government health experts:

1. Vaccinations
2. Improvements in motor-vehicle safety
3. Safer workplaces
4. Infectious disease control through improved sanitation
5. Decline in deaths from heart disease due to lifestyle changes, and early detection and treatment
6. Safer and healthier foods
7. Healthier mothers and babies
8. Access to family planning services
9. Fluoridation of drinking water
10. Recognition that tobacco is a health hazard

Source: *Journal of the American Medical Association*, Vol. 281, No. 16

Seniors & STDs

In the next few years, the number of sexually transmitted diseases (STDs) in Americans over 50 is expected to skyrocket.

Says one researcher, "People who get divorced at age 45 or 50 and re-enter the 'dating scene' are obviously surprised and horrified when a health-insurance application is rejected because of a positive HIV (AIDS virus) test."

People who are "sexually active" when they're over 50 are one-sixth as likely to use condoms during sex as younger adults.

Sexually active older women are at special risk for STDs, including HIV. This is because their vaginal tissues are thinner and drier, and are more susceptible to tearing (and infection) during sex.

The risk for STDs among "unprotected" seniors may become even greater with the advent of Viagra - the new anti-impotency drug.

The question researchers are asking: How will the drugs older Americans are taking for high blood pressure, heart disease, diabetes, and the like "go" with AIDS medication?

Editor's Note: If you have sex with more than one monogamous partner, you should use a condom and have regular STD (including HIV) checkups —no matter what your age.

Source: *American Medical News*
Vol. 42, No. 18

Terrific Ways to Age Well

- Continue to learn new skills to stimulate your brain
- Interact with younger people.
- Exercise!
- Think positive. Concentrate on what you can do, not what you can't. View problems as challenges.
- Develop a spiritual anchor to help you put everything into context.
- Find work (paid and/or nonpaid) you're passionate about - to help make the world a better place.
- Nurture your support system of family and friends.

Source: Eileen Shiff, a teacher of family life courses at Paradise Valley Community College, Phoenix.

Body, Mind & Soul

"Want to trace your family tree?
Run for public office."

Patricia Vance

One door closes, another door opens—
but it's hell in the hallway."

Unknown

"Have you ever been too busy driving to stop for gas?"

Stephen Covey

"Success always occurs in private and failure in full view."

Unknown

"Change is inevitable—
except from vending machines."

Unknown

"We are meant to love people and use things. Usually, we do the opposite."

Unknown

"Anger and hate are simply signs that you are afraid."

Unknown

Book Review

by Karen Henderson

The Comfort of Home: An Illustrated Step-by-Step Guide for Caregivers

When I was asked to speak at a Caregivers' Appreciation Day in Portland, Oregon last October, I met Maria Meyer, author of *The Comfort of Home: An Illustrated Step-by-Step Guide for Caregivers* which she asked me to review.

This well-designed book walks a caregiver through the steps required for providing home care for a loved one or friend. You learn, among many other things, how to prepare your home, what equipment and supplies you may need, how to deal with emergencies and how to arrange a funeral. The section devoted to Alzheimer's care is comprehensive and useful. Each chapter contains a resource list; as well you will find common abbreviations, common specialists and a helpful glossary. The book is simple, practical and easy to read.

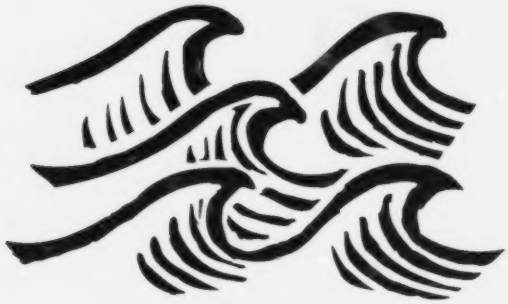
Cost: US $23.00 plus $3.50 shipping.
ISBN 0-9664757-0-0

For more information or to order:
Care Trust Publications
P.O. Box 10283
Portland, Oregon 97296-0283
Tel: 503-221-1315 Fax: 503-221-7019

Aquatics Training

On May 13 & 14 a training session will be held in Halifax, to teach instructors how to deliver the Water Works program in their own community.

Water Works is an aquatics class designed for those with arthritis.



If you are a fitness instructor or have a similar background such as therapy, physical education ro recreation, please call us; the cost for the training is $75.00 per person. If you know someone who may be interested, please spread the word.

The Arthritis Society
2745 Dutch Village Road, Suite 100
Halifax, NS B3L 4G7
E-mail: sfraser@ns.arthritis.ca
1-800-321-1433
Website: www.arthritis.ca

Time For Greatness

Dr. Peter Roget compiled his famous *Roget's Thesaurus* at age 72. Immanuel Kant wrote his best philosophical works at age 74. Tennyson wrote *Crossing the Bar* at age 80. Goethe finished *Faust* at age 80. Verdi turned out *Ave Maria* at age 85. Michelangelo completed his greatest work at age 87. Justice Oliver Wendell Holmes wrote some of his most brilliant opinions at age 90. And Titian painted the *Battle of Lepanto* at age 98.

Source: Various

Selected Remedies

Some known side effects & warnings

Many people believe that herbal products and other health-food store remedies are free of side effects because they are "natural."

While there is increasing scientific evidence that most remedies are safe and effective when taken as directed, it's important that you and your doctor learn all you can about a product before you take it.*

Chaparral—may cause acute nonviral hepatitis or liver damage.

Comfrey—linked to cancer and liver damage in laboratory animals.

Dhea—may increase risk of breast and prostate cancer. May cause acne and facial/body hair growth in women.

Echinacea—not to be taken by people with autoimmune diseases. Suppresses immune system with continued use.

Ephedra (Ma Huang)—linked to high blood pressure, headaches, seizures, and death.

Feverfew—linked to mouth ulcers and headaches.

Ginger—should be used with caution by anyone on blood thinners. Can cause heartburn.

Ginko Bilboa—not to be taken by people on blood thinners, or those who are super-sensitive to poison ivy, cashews, or mangos. Can cause GI upset and headaches.

Glucosamine Sulfate & Chondroitin Sulfate—reduces insulin secretion in laboratory animals.

Kava Kava—can cause GI upset and temporary discoloration of skin, hair, and nails.

Lobelia—linked to respiratory depression, rapid heart rate, coma, and death.

Melatonin—can cause fatigue, headaches, and confusion.

Saw Palmetto—can cause stomach upset, headaches, and impotency.

Selenium—at high doses, linked to hair loss, nausea, and fatigue

St. John's Wort—can cause dizziness, dry mouth, and increased sensitivity to sunlight.

Valerian—can cause heart palpitations and stomach upset.

Yohimbe—at high doses, can cause weakness, paralysis, and death.

* One good source of information on natural remedies is the Encyclopedia of Natural Medicine, by Michael Murray ND, and Joseph Pizzorno, ND

Source: *Consumer Reports*, Vol. 64, No. 3

In Control

The late columnist Sydney Harris used to tell a story about accompanying a friend to a newstand:

His friend greeted the newsman very warmly and handed him his money. When the newspaper was shoved *rudely* in his direction, he smiled politely and wished the newsman a nice day.

As the two friends walked down the street, the columnist asked: "Does that news guy *always* treat you so rudely? "Yes, unfortunately he does." "And are you always so polite and friendly to him?" "Yes, I am." "But why are you so nice to him when he's so rude to you?" "Because I don't want *him* to decide how *I'm* going to act."

Source: John Powell in *Why Am I Afraid to Tell You Who I Am?*

New Publications

1. ***Lifeline Connections for the Professional*** distributed quarterly and welcomes comments or suggestions for topics to be covered in future issues. This publication will feature different aspects of interest for professionals concerned with the welfare and quality of life for seniors.

   For more information about *Lifeline* call: 1-800-387-8120; Fax: 416-445-5402; website: www.lifelinesys.com

   Address: Lifeline Systems Canada, Inc., 95 Barber Greene Road, Suite 105, Toronto, ON M3C 3E9

2. ***Supportive Housing for Seniors,*** A Policy and Bylaw Guide. British Columbia, Office for Seniors, Ministry of Health and Ministry Responsible for Seniors, 1-2, 1515 Blanshard Street, Victoria, BC V8W 3C8 Tel: 250-952-1238; Fax: 250-952-1159; Website: www.health.gov.bc.ca (Ministry of Health) www.hlth.gov.bc.ca/seniors/index.html (Office for Seniors)

   ***Supportive Housing In Supportive Communities*, The Report on the Supportive Housing Review** British Columbia, Office for Seniors, Ministry of Health and Ministry Responsible for Seniors, 1-2, 1515 Blanshard Street, Victoria, BC V8W 3C8Tel: 250-952-1238; Fax: 250-952-1159; Website: www.health.gov.bc.ca

   (Ministry of Health) www.hlth.gov.bc.ca/seniors/index.html (Office for Seniors)

3. ***1999 and Beyond - Challenges of an Aging Canadian Society.*** This report takes stock of the situation of seniors today, and outlines over 120 challenges for all sectors of society in dealing with an aging population.

To obtain copies of this publication, contact:
Division of Aging and Seniors
Health Canada
Address Locator: 1908A1
Ottawa, Ontario K1A 1B4
Tel: (613) 952-7606 Fax: (613) 957-9938
E-mail: seniors@hc-sc.gc.ca
Internet: www.hc-sc.g.ca/seniors-aines

4. ***Resource Guide on International Year of Older Persons.*** This guide has been created for teachers, community leaders and students to inspire participation around the *International Year of Older Persons*. It gives ideas on discussion topics to get teachers started, and activities to explore issues affecting older and younger persons including lesson plans for intermediate and elementary students, a fun quiz on IYOP, background information about IYOP and an intergenerational resource list.

   To obtain copies, of this publication contact:
   United Nations Association in Canada
   900-130 Slater (tel.), Ottawa, Ontario
   K1P 6E2, Tel: (613) 232-5751 ext. 224;
   Fax: (613) 563-2455; E-mail: info@unac.org
   Website: www.unac.org

5. ***Grief Education for Caregivers of the Elderly.*** By Junietta Baker McCall, Dmin. Through first-hand accounts and research, this book focuses on the education, training, and support of individuals who car for the elderly. It provides caregivers with methods to cope with grief and loss and will help educators design programs that meet the needs of their consumers: the elderly, their families, friends, and service providers.

   For more information, please contact:
   The Haworth Pastoral Press, Inc.
   10 Alice Street, Binghamton, New York
   13904-1580 USA
   Tel: 1-800-429-6784; Fax: 1-800-895-0582;
   E-mail: getinfo@haworthpressinc.com

6. ***Finishing Touches: An Insightful Look Into the Mirror of Aging.*** By Lillian S. Hawthorne. A collection of personal commentaries about what it is like to experience aging changes in yourself, your family and friends by a woman who is herself immersed in the process of aging. This book is different because it is not written about someone else who is aging, but by someone who is; therefore, it presents a personal rather than professional perspective. The purpose of the book is to tell what it is like to grow older today—not the pathologies or tragedies of aging, but the expected and inevitable changes that occur.

   For more information, contact:
   Elder Books, P.O. Box 490, Forest Knolls,
   California 94933 USA
   Website: www.ElderBooks.com

7. ***Elderhostel - Spring Catalogue 2000.*** Programs in Canada: April, May and June 2000. Travel/Study Programs through September 2000.

   To receive the *Elderhostel Canada* catalogue at your home, simply mail your name and address to: Elderhostel Canada, 4 Cataraqui Street, Kingston, Ontario K7K 1Z7;
   E- mail: ecmail@elderhostel.org

8. ***Age of Reason: "If You Build It, They Will Come"***
   Over 5,000 Links to sites of interest to the over 50 age group. If you're Over 50 you don't want to spend the rest of your life in Never Ending Cyberspace. With that in mind, we strive to provide you with practical information relative to seniors lifestyles.
   Contact: www.seniors@ageofreason.com

9. ***Shifting Sands: The Changing Shape of Atlantic Canada Economic and demographic Trends and their Impacts on Seniors***

   Produced for the Health Promotion and Programs Branch Atlantic Regional Office, Health Canada (1999, March)
   by Susan Lilley and Joan M. Campbell

   This report was recently presented at a conference sponsored by the Atlantic Health

Promotion and Programs Branch, entitled "Fostering Vitality in NS Communities". The event was attended by two GANS (Gerontology Association of Nova Scotia) board members, and a copy of the report is now available in the GANS library collection. It is also available through Health Canada's Division of Aging website at www.hc-sc.gc.ca/seniors-aines under publications.

The report discusses the impact of current demographic and economic trends in Canada and Atlantic Canada on the future well-being of seniors. Its purpose is to help the public understand the various impacts of these trends and help policy makers in planning for this population. It is an excellent resource document that provides a local perspective on the impact of trends such as globalization and an aging population. Following its discussion, the report suggests priorities for planning covering areas such as housing, home care, and caregiving.

10. ***Communicating with Seniors: Advice, Techniques and Tips***

A "how to" manual aimed at those who have an interest in seniors and their well-being. It provides facts about current and future seniors and information on the effects of the aging process on message reception. It considers the negative, unintentional messages that a lack of senior friendliness implies. More importantly, it provides advice and techniques to ensure that communications adapt to this part of our population.

Communicating with Seniors was prepared with the input of communicators and specialists from the private and public sector and benefitted from the comments and reactions of seniors and senior's organizations across the country.

For copies of this publication, contact:

Division of Aging and Seniors
Health Canada Address Locator: 1908A1
Ottawa, ON K1A 1B4
Phone: (613) 952-7606
E-Mail: seniors@hc-sc.gc.ca
Web: www.hsc.gc.ca/seniors-aines

Improving Cardiovascular Outcomes in Nova Scotia (ICONS)

For Your Information (FYI)

- 28,000+ inpatient records have been identified for chart abstraction
- 26,000+ inpatient records have been abstracted
- 9,500+ individuals have consented to long-term follow-up
- The ICONS Publications Committee members have been identified. They are: Dr. Jafna Cox, Chair; Dr. David Anderson, Dr. Ingrid Sketris and Dr. Fred Burge
- Abstract submission deadlines for the 2000 CCS and AHA meetings will be late April or early May 2000

Contact address: Division of Cardiology, QEII Health Sciences Centre, New Halifax Infirmary Site, Room 2144, P.O. Box 9000, Halifax, NS B3K 6A3; Tel: 902-473-7811; Fax: 902-473-8616

Upcoming Events

- **Community Links Annual Meeting.** Mount Saint Vincent University. May 24-25, 2000. For further information call Valerie Connors at 422-3525.
- **4th Annual Meeting of the American Society on Aging - *Passages Through Time: Facing Change, Finding Meaning.*** May 25-28, 2000, San Diego, CA. Contact: 833 Market St., Suite 511, San Francisco, CA, USA 94103-1824; Tel: (415) 974-9600; Fax: (415) 974-0300; E-mail: info@asa.asaging.org Website: www.asaging.org
- **The Nova Scotia Hospice Palliative Care Association Annual Conference.** June 2-3, 2000 at the Seton Academic Centre, 4th and 5th floors, Mount Saint Vincent University, 166 Bedford Hway, Halifax. Organizations are invited participate as exhibitors. Costs of

the display areas are $150.00 for not-for-profit, government and community agencies and organizations. Deadline March 24th. Contact: The Nova Scotia Hospice Palliative Care Association, QEII Health Sciences Centre, Victoria General Site, 7A-103, 1278 Tower Road, Halifax, NS B3H 2Y9; Tel: 473-3162 (voice); Fax: 473-6602

- **First International Conference on Rural Aging - A Global Challenge.** June 7-11, 2000. Charleston, WV. Contact: West Virginia University Centre on Aging, 1186 Health Sciences Centre, PO Box 9129, Morgantown, WV 26506-9129; Tel: (304) 293-0628; Fax: (304) 293-0658; E-mail: ruag2000@mail.hsc.wvu.edu
- **The Annual General Meeting for The Royal Canadian Legion 38th Dominion Convention** will be held at the World Trade and Convention Centre, Halifax June 11 - 15, 2000. It has been approximately fifty years since Nova Scotia hosted this event.
- **Designing for the 21st Century II: An International Conference on Universal Design.** June 14-18, 2000, Providence, RI. Contact: Designing for the 21st Century II, Adaptive Environments Centre, 374 Congress St. Suite 301, Boston, MA 02210. Website: www.asaptenv.org/21century
- ***War Brides - A Musical,*** Neptune Theatre Masquers Productions. June 22-29, 2000. Matinees on Thursdays @ 2 p.m. and Saturdays @ 3:00 p.m. Discounted rates are available for groups. Contact: Tracy Bennett at The Neptune Theatre (902) 429-7300
- **5 Global Conference on Aging.** September 17-21, 2000 - Mar del Plata, Argentina. Sheraton Mar del Plata Hotel. Contact: 5th Global Conference on Aging IFA (International Federation on Aging), 425 Viger Avenue west, Suite 520, Montreal, Quebec H2Z 1X2; Fax: 514-396-3378; E-mail: ifa@citenet.net; Website: www.ifa- latinoamerica.org
- **National Conference of the Federation of Senior Citizens and Pensioners** will be held September 22 - 23, 2000.
- **Annual meeting of the American Association of Homes and Services for the Aging.** October 23-26, 2000, Miami Beach, FL. Contact: AAHSA 901 E Street NW, Suite 500, Washington, DC 20004-2037; Tel: (202) 783-2242; Fax: (202) 783-2255
- **29th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology - Aging with Attitude.** October 26-29, 2000 - Edmonton, AB. Contact: CAG Conference Secretariat, 100-824 Meath Street, Ottawa, ON K1Z 6E8; Tel: (613) 728-9347; Fax: (613) 728-8913; E-mail: cagacg@magi.com Website: www.cagacg.ca
- **Regroupement Des Aînés Et Aînées De La Nouvelle-Écosse Annual General Meeting** will be held at the Ramada Inn, Dartmouth 9:00 a.m. - 4:00 p.m. Friday, October 27th, 2000. For further information contact Julie Oliver at 433-0065, ext. 227.

Bits and Bites

Church attendance may foster longevity, according to a study of nearly 4,000 North Carolinians, aged 65 to 74 years. After six years, about a third of the participants had died. Survivors were more likely to be regular churchgoers, possibly because church attendance goes hand-in-hand with a wider social network. Social interaction is associated with good health practices, mental alertness, physical activity, and relatively low rates of depression. Furthermore, churchgoers tend to be non-smokers.

Reprinted from the John Hopkins Medical Letter, *Health after 50*

Home safety for seniors and physically disabled adults

March of Dimes Nova Scotia is committed to improving the lives of adults with physical disabilities. We remind seniors, especially those with disabilities, to be aware of potential hazards.

Bedroom—have a telephone and emergency numbers by the bed. Lower your closet bar and use space hooks to make clothes more accessible.

Stairs—install a handrail on each side and an overhead light. Identify the edge of each step with paint or tape in a contrasting color.

Bathroom—non-slip rubber flooring provides cushioning in the event of a fall. Keep a night light on. Avoid standing in the shower. Try a hand-held shower and a portable bench with a back. Electrical appliances should not be use in the bathroom.

Cooking & Your Kitchen—use a splatter guard when frying. Loose sleeves, scarves and ties should not be worn while cooking. Remember that steam burns. Consider a microwave or toaster oven instead of using a conventional oven. Keep regularly-used appliances close to an electrical outlet. If you have a weak grip, a heat-proof counter beside the stove allows you to slide rather than lift pots off the burner. A time tracker can be programmed to turn on appliances (i.e. coffee maker, control heater).

A Few General Suggestions—Arrange furniture to allow maximum mobility and maneuverability. Let the fire department and your mail-carrier know you live alone. Discard worn out shoes and slippers, however comfortable they are! Upholstery, drapes, cushions, etc. should be of fire resistant fabric.

Defensive Walking—wear light-colored clothing at night and carry a flashlight. Use sidewalks and crosswalks. Watch for traffic when crossing streets.

Equipment—for a better grip, extend the length of your key by attaching it to a retractable holder. The telephone company has devices to help those who are hard of hearing, lack dexterity, are non-verbal, or have speech problems. Contact a local MT&T representative.

Caring for a loved one at home?

Join Web of Care—the first online resource dedicated to the special needs of informal, unpaid home caregivers. Our mission is to empower the members of our 26 care communities with access to information, support, products, services and a prevailing sense of community that will facilitate an improved quality of life. We undertake this mission with a profound respect for the hardships endured while providing home care for loved ones.

With Web of Care you can:

- Enjoy an unprecedented level of customized content tailored to you individual care situation
- Trust the hundreds of articles on the site to be accurate and up-to-date
- Enhance your caregiving skills through hundreds of animated skill demonstrations
- Benefit from side-by-side product comparisons and member product rate and review mechanisms in the Care Shop
- Get answers to medical questions through the free "Ask an Expert" service
- Connect with other caregivers in live chats and on discussion boards

Contact Karen Henderson, Founder

Caregiver Network
www.caregiver.on.ca
Tel: (416) 323-1090 / Fax: (416) 966-2341

Caregiver Specialist
www.webofcare.com

Time Out Personal Services

Assistance to busy professionals, seniors or anyone seeking spare time tor simply needing a helping hand. Relax , life just got a little easier. Service includes: errands and personal shopping; home organization; pre-purchase research; and customized, confidential service and more. Serving Halifax Regional Municipality and the Mount Uniacke and surrounding areas. Seniors discounts. Bonded/Insured.

Contact: Lucia Andrea, Personal Service Consultant, Site 7 Stillwater Rd., Hants County, NS B0N 1L0; Tel/Fax: (902) 866-1979; Cell: (902) 499-8592; E-mail: lfandrea@acncanda.net

VON Halifax and VON Dartmouth merge

Preparations are under way for a merger between VON Halifax and VON Dartmouth slated for April 1, 2000. The senior management team has been looking after staffing issues. A reduction in nursing staff is not anticipated and client service will not be affected.

"The amalgamated branch will combine the strengths of both organizations so that we can continue to offer our clients service that is second to none," notes Gordon Richardson, President of VON Dartmouth.

Board members believe the merger will accomplish several things. It will:

- ensure the most effective use of donor's contributions and other funds;
- allow the VON branches to pool the knowledge and experience of nursing staff, office staff, volunteers and board members;
- ensure VON in the Halifax Regional Municipality has the strongest voice possible when working wit government, private sector and funding agencies;
- allow VON the resources to obtain office space that will meet the needs of clients, volunteers and staff; and
- strengthen our fundraising and promotional activities.

Clients will see their regular nurse during their scheduled daytime visits. The nurses doing nighttime and evening visits are subject to change, as they always have.

Caryll Tawse, Executive Director of VON Halifax, has been appointed as executive director of the amalgamated branch. If you have any questions, please contact Caryll Tawse at 453-5800.

The well-being of married seniors

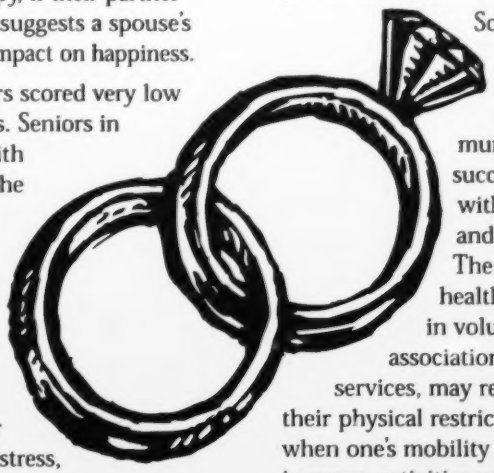
With the aging of the population, Canadians have become increasingly concerned about the well-being of senior citizens. Researchers agree that "successful aging," like successful living, is generally best achieved by some combination of physical, mental and emotional health; close relationships with friends and family; financial stability; and ongoing involvement with life.

However, it seems that good physical health is simultaneously a condition for, and a contributor to, aging well: more opportunities are available to a healthy person, and a wider variety of activities, both mental and physical, seems in turn to improve a person's health. Seniors whose everyday activities are restricted by illness or disability are in greatest jeopardy of isolation and perhaps loss of independence.

This article compares the psychological and social well-being of married seniors in poor health with those of seniors in good health. Is a person's well-being affected by their spouse's health? The population being regarded are middle-income homeowners living in two-person households in which at least one spouse is age 65 or over.

The majority of married seniors described themselves as happy—but those in good health were more likely to do so. Over 90% of healthy senior men and women reported they were happy, regardless of their partner's health. Three-quarters of men and less than three-quarters of women in poor health claimed to be happy, if their partner is healthy rather than ill. This suggests a spouse's physical health has a minimal impact on happiness.

The majority of married seniors scored very low on the scale for mental distress. Seniors in poor health are likely living with chronic pain which increases the level of mental distress. Married seniors who were ill reported higher levels of distress that their healthy counterparts. Nevertheless, having a healthy spouse seemed to help men in poor health, since almost all 94% or them reported a low level of distress, compared with only 63% or those whose spouse was also ill. Women in poor health did not seem to benefit in the same way, since there was no statistically significant difference in distress levels recorded by those with a healthy compared to an ill partner.



Medical studies have consistently shown that emotional support, especially from a partner, has direct positive effects on health. Researchers believe this is because some of the health-related effects of aging are buffered when people have someone they can confide in and can count on, and who can give them advice and make them feel loved. Conversely, lack of such support is a powerful risk factor for poor health, perhaps because people have no one to help shield them from the effects of various stressors.

The love and companionship received at home is reinforced by keeping in touch with friends, relatives and neighbours. The great majority of seniors reported that they visited with and talked to people in their social network at least several times a month. Women in both good and poor health, and with both healthy and ill partners, cored consistently high on the frequency of contact scale. Men, healthy or not, also had high scores as long as their partner was healthy. However, if married to someone in ill health, men's scores dropped visibly, implying in the case of social contact that the health of their wives made a greater difference than their own.

Some gerontologists believe that continuing engagement with life, sometimes reflected as involvement at the community level, also contributes to successful aging, and is associated with better health, self-worth and connection with others. The fact that seniors in poor health are less likely to participate in volunteer organizations and associations, or to attend religious services, may reflect the limits imposed by their physical restrictions: attending meetings when one's mobility is restricted, or participating in group activities with a hearing problem, may be difficult to undertake.

There is another benefit to social interaction that seniors may enjoy. Regular use of the powers of thinking, reasoning and solving problems is central to supporting day-to-day health and independence. Some medical studies show that seniors who are involved in a variety of activities appear to have strong cognitive capacity, while those with very little social involvement report having rouble concentrating, solving problems and remembering events. Over eight in ten seniors in healthy couples reported having no difficulty with cognitive function. In contrast, over half of seniors living in couples in poor health had at least some cognitive difficulty. This could be due to a variety of factors related to their physical condition, such as chronic pain and discomfort or the effects of medication.

According to many researchers, physical fitness is also crucial to aging well: fitness boosts muscular strength, reduces the impact of other health risks, maintains bone mass and improves psychological well-being. Health benefits can be derived from walking for as little as 30 minutes a day, and cardiovascular benefits from one hour's walking.

While leisure-time exercise in its various forms (i.e. walking, gardening, swimming) provides its own rewards, one of its benefits lies in keeping seniors in shape so they can perform the regular, mundane tasks of daily life. In the long-term, physical fitness can reduce a couple's dependence on outside help with their everyday activities.

Having a healthy spouse appears to be quite beneficial to seniors who are ill, especially men, suggesting that the healthy partner offers help and support that makes life more comfortable and enjoyable.

Some studies suggest that seniors with higher socioeconomic status are better able to understand health education material provided by their doctors and to participate actively in making decisions about their health care. Also, the International Adult Literacy Survey showed that Canadian seniors with good literacy skills (which are strongly associated with higher income and education) are exposed regularly to a wider range of information—newspapers and magazines, books and radio—than seniors poor skills. With many media sources now carrying health news, researchers suggest that seniors with access to more information in their daily lives may be alerted sooner to potential health problems, leading to earlier diagnosis and treatment.

Source: Canadian Social Trends
Winter 1999, No. 55

The Legion's 2000 Convention

For the first time since 1962 a Dominion Convention of The Royal Canadian Legion is coming to Nova Scotia.

From June 10-16 at the World Trade and Convention Centre and the Halifax Metro Centre between 3,000 and 4,000 members of the Legion

will gather to discuss the role of the veterans' organization in the new millennium. Will sons and daughters and grandchildren of today's members care enough to assume the service role of the Legion to community and country? Today's Legionnaires are banking on a continuation of interest by their families and personnel now serving in the armed forces.

We all hope there will be no more wars, but there will always be a need to help a veteran, or a veteran's family, regardless whether the veteran served in war or peace.

Persons interested in learning about the convention, its agenda and how they might participate in the convention or in membership may secure information from any of the 119 Legion Branches in Nova Scotia or from Nova Scotia Command of the Legion, P.O. Box 9075, Station A, Halifax, NS B3K 5M7.

E-Mail: seniors@hc-sc.gc.ca
Web: www.hsc.gc.ca/seniors-aines

VolNet
Getting the Voluntary Sector On-Line

Industry Canada

In February of 1998 the federal government committed fifteen million dollars over three years to expand technology to the voluntary sector. By March 31, 2001 they hope to have connected 10,000 voluntary organizations to the Internet.

The project is called VolNet (The Voluntary Sector Network Support Program) and is administered by Industry Canada.

VolNet's Mission "is to enable voluntary organizations to access and use Internet technologies to further their own missions".

The program has six objectives:

- to increase the number of voluntary organizations connected to the Internet to 10,000;
- enhance the voluntary sector's ability to share information with other voluntary organizations, government and stakeholders via the Internet;
- address the barriers to using the Internet that are a result of social inequalities of race, poverty, gender, disability, age or language by assisting voluntary organizations working in these areas to access and use the Internet;
- where appropriate, assist voluntary organizations to empower their constituents through the use of the Internet; and
- to ensure that organizations become aware of the need for a strategy to sustain the use of the Internet within the organization.

The VolNet Service Package includes: Internet access and support services; computer equipment needed to connect to the Internet; and basic Internet skills development to get on-line and start using the Internet.

In Nova Scotia the following organizations consist of the management team for this project:

Bernie Hart—Industry Canada; Leo Deveau—Chebucto Net; Kay Crinean—NovaKnowledge; Peter Mortimer—Metro United Way; and Lesley Dunn—Volunteer Resource Centre.

For more information call: Shauna Selig, Volunteer Resource Centre, Halifax at 902-423-1368; Linda Fougere, CAP Society, Sydney at 902-539-9063; Joan Bower, Shelburne area at 902-875-2208.

International Year of Volunteers 2001

by Paddy Bowen—Volunteer Canada

The objectives of International Year of Volunteers 2001 are to:

1. Celebrate Volunteerism—by using real down-to-earth, personal stories and testimonials to promote IYV;
   - develop an exciting and powerful slogan for the year;
   - develop an IYV postage stamp;
   - emphasize the importance of volunteering;
   - work across sectors: government, corporate, voluntary, as well as local, provincial, national and international;
   - build on the power of events. Be creative. Use events to build and sustain momentum.

2. Promote volunteering for all—by encouraging and enabling under-represented groups to volunteer;
   - explore new kinds of volunteer programing;
   - reach out to marginalized groups;
   - work with agencies to specialize volunteer programs to make them appealing to the diverse volunteer population;
   - reach out to seniors and retiring professionals.

3. Expand the Definition of Volunteering in Canada—by being a good neighbour, sharing concern for the safety of children and other vulnerable people;
   - enlist the cooperation of the educational system;
   - involve corporate Canada and the business sector.
   - carry out research to identify the ways Canadians contribute to their communities.

4. Develop the Voluntary Sector Knowledge Base—by investing in research so as to better measure and value volunteering trends;
   - carry out research on rates of volunteering and trends in volunteering;
   - collect and share stories that celebrate the meaningful contribution of volunteers;
   - seek to establish voluntary action as a measure of national progress.

The power of volunteerism lies in the remarkable fact that one person can make a difference.

With effort and planning, International Year of Volunteers 2001 in Canada can become an iteration of one fundamental truth: all voluntary action helps to build a better Canada.

In perspective

I've learned that if someone says something unkind about me, I must live so that no one will believe it. *Age 39*

I've learned that even when I have pains, I don't have to be one. *Age 82*

I've learned that silent company is often more healing than words of advice. *Age 24*

I've learned that if you pursue happiness, it will elude you. But if you focus on your family, the needs of others, your work, meeting new people, and doing the very best you can, happiness will find you. *Age 65*

I've learned that motel mattresses are better on the side away from the phone. *Age 50*

I've learned that regardless of your relationship with your parents you miss them terribly after they die. *Age 53*

I've learned that the greater a person's sense of guilt, the greater his need to cast blame on others. *Age 46*

I've learned that life sometimes gives you a second chance. *Age 62*

I've learned that it pays to believe in miracles. And to tell the truth, I've seen several. *Age 73*

I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to be able to throw something back. *Age 64*

I've learned that wherever I go, the world's worst drivers have followed me there. *Age 29*

I've learned that singing "Amazing Grace" can lift my spirits for hours. *Age 49*

I've learned that you can make someone's day by simply sending them a little card. *Age 44*

I've learned that if you want to cheer yourself up, you should try cheering someone else up. *Age 13*

I've learned that when I wave to people in the country, they stop what they are doing and wave back. *Age 9*

I've learned that although it's hard to admit it, I'm secretly glad my parents are strict. *Age 15*

I've learned that you can tell a lot about a man by the way he handles these three things: a rainy day, lost luggage, and tangled Christmas tree lights. *Age 52*

I've learned that whenever I decide something with kindness, I usually make the right decision. *Age 66*

I've learned that making a living is not the same thing as making a life. *Age 58*

I've learned that there are people who love you dearly but just don't know how to show it. *Age 41*

I've learned that I still have a lot to learn. *Age 92*

I've learned the more you do for others the more things are done for you. *Age 25*

I've learned that every day you should reach out and touch someone. People love that human touch, holding hands, a warm hug, or just a friendly pat on the back. *Age 85*

Please pass this on to someone you care about.

Healthy Habits

Practice using your wings.
"The only ones among you who will be truly happy are those who sought and found how to serve." *Albert Schweitzer*

Never be list-less.
We all need lists. When we have no projects, no causes, no issues, no concerns, no dreams, we become listless, which is one stage above depression. We need an "I wish I could do" list. We need a "Wouldn't it be fantastic?" list. Look at your list of possibilities every day and every day you'll be energized and enthused and be well on your way towards optimal health.

Never, ever, ever stop learning.

Let go.
Forgive—yourself and others. Worry is like a rocking chair—it keeps you busy but it doesn't get you anywhere.

Live for and in today.
"Yesterday is gone, time took it away. Tomorrow may not come, but I have today." Remember... It's the journey, not the goal that counts.

Exercise your mind, body and spirit.
Adopt yourself. Treat yourself with the same care, attention and responsibility that you care for your pets ... and other loved ones.

Listen.
Give yourself and others the gift or truly listening—with ears, eyes and heart.

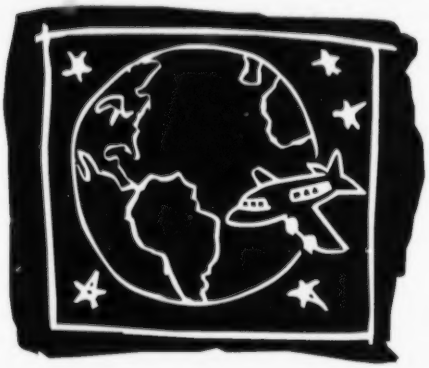
Do a checkup, from the neck up.
"Life is 10 per cent what happens to you, and 90 per cent how you react to it."

Charles Swindoll

What is the difference between adventure and an ordeal? Attitude!!

Dartmouth Seniors Travel Club

1. April 27 to May 17, 2000 a spring tour to England (south coast), Wales both north and south and southern Ireland.



2. August celebrate 1000th anniversary of the landing of the Vikings in Newfoundland and Labrador—retrace the trail travelling across Newfoundland.
3. October an autumn leaves and theatre trip to Toronto and area. Travel to Stratford for "Fiddler on the Roof" and Niagara.

Contact: Connie Wenaus, 10 Overdale Lane, Dartmouth, NS B3A 3V3; Tel: 902-469-2610; E-mail: ay219@chebucto.ns.ca

Your Attention Please

Is your VIAL OF LIFE medical sheet information complete and up-to-date? Is your VIAL OF LIFE on the shelf in the refrigerator door? If, by chance, it has been misplaced, please obtain another as soon as possible. This precaution is for your benefit and that of the firemen, first responders and paramedics, should you become ill. If your area is not served by the VIAL OF LIFE further information on this life-saving precaution can be obtained from Mrs. Eleanor Whidden, Chairperson, VIAL OF LIFE Committee of Colchester County, phone 897-6100, Truro, Nova Scotia.

Safeguarding the Pensions

We read often about seniors, and near-seniors who have retired early, opting to do something for humanity, such as teaching in underdeveloped countries, or volunteering for relief work.

Is there a risk that taking a job abroad, even as a volunteer, might affect your pensions down the road?

A piece we read not long ago by a financial writer named Olev Edur, a Canadian, suggests that it would be wise to check with Revenue Canada before setting sail into the unknown. How long is a Canadian permitted to live in a foreign land before disqualifying himself/herself from full pension entitlement (say in the Old Age Security or Canada Pension Plan)? Are earnings from humanitarian work subject to the "clawback" in pensions? Can a person volunteering for work overseas deduct from income tax any portion of expenses for travel, medical care, food or charitable donations?

Some countries have social service agreements with Canada meaning that Canadians may be required to contribute to another countries pension and social security plans. And, in some cases where agreements do not apply, there may be limited credits for a volunteer's contribution.

The bottom line here is the advice that a person embarking on a mission of mercy check out the ramifications.

Submitted by Harold Shea

Elder Abuse

What is elder abuse?

Elder abuse is the neglect and/or physical, psychological or sexual maltreatment on an older adult. It can occur inside a family dwelling or outside the home, such as in seniors' facilities, hospitals or nursing homes. The most common form of abuse is financial exploitation, which can include withholding finances, theft, fraud, misuse of power of attorney, or misappropriation of funds and/or property. One national survey has shown that 4% of the Canadian population 65 years of age or older living in a private dwelling experienced at least one type of abuse. While both men and women can be victims of elder abuse, women over the age of 70 tend to be most at risk. Factors such as living alone, being geographically isolated, having health conditions which limit daily activity or mobility, or being mentally or physically frail can leave one vulnerable to abuse. Perpetrators are commonly adult children, spouses/partners, and other caregivers.

Why would someone abuse a senior?

There are a number of factors that may contribute to the abuse of an older adult. For example, abuse often stems from stresses in a caregiver's life. Adult children who care for their parents often face the additional demands of children, jobs and financial burdens of caring for an adult in the home. Often abuse can be a direct result of these stressful circumstance, coupled with a lack of information or resources to provide appropriate care. Deficiencies in a caregiver, such as poor impulse control or substance abuse problems may also contribute to abuse. Abuse is also an extension of wife abuse into old age. As well, if the family history was abusive, adult children may simply repeat abuse patterns they endured as children. Another contributing factor is an increased level of vulnerability on the part of an older adult, brought about by increased dependency on a caregiver for daily care and emotional support. This may leave an adult vulnerable to abuse and neglect. As well, negative public perceptions of the elderly that they are frail, sick, dependent or unproductive are contributing factors as well.

Building a community of care—how can I help?

As a family or community member, you play an important role in the prevention of abuse against older adults. Begin by challenging ageist attitudes and beliefs which devalue older adults. Treat older adults with respect and dignity. Respect and support the ability of older adults to continue making independent decisions about finances, living arrangements and other concerns of daily living. Work with older adults to empower them to make healthy relationships choices and offer alternatives to remaining in abusive situations. Participate in and support public awareness about the problem of elder abuse, and support education programs that would increase and understanding about the dynamics of aging. Create a community of concern by providing an empathetic ear, a watchful eye and a supportive hand to a senior who needs it. Enhancing informal support networks may provide the opportunity for early intervention for those who may become at risk. Most importantly, intervene to protect a senior from abuse. *The Nova Scotia Adult Protection Act requires anyone with suspicions that an adult may be in need of protective services to report to Adult Protection staff.* As seniors, be aware that you do not deserve abuse and are not to blame. Inform yourself and seek out options for your financial security and personal care. Ask others for help if you need it.

By participating in preventive measures and developing a network of concern around this issue, you can play a vital role in putting an end to elder abuse and empowering seniors in our communities.

The Senior Citizens' Secretariat is currently developing an Elder Abuse Strategy. If you have suggestions o comments please contact the Senior Citizens' Secretariat at P.O. Box 2065, Halifax, NS B3J 2Z1 or toll-free 1-800-670-0065; 424-0065

Housing Specialists

Prudential Property Specialists—the Senior Advantage Real Estate Council tracks the special issues and needs of senior property owners and provides education to realtors who make seniors an important focus of their business.

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7. Assist with the transition to the new location.

Contacts: Betty Connell or Ann Marie Duff at:
Tel: 902-450-1800; Fax: 902-835-7018;
E-mail: bconnell@prudential.ns.ca or
aduff@prudential.ns.ca

Naval Benevolent Fund Extends Benefits

On January 1, 2000 the Royal Canadian Benevolent Fund (RCNBF) extended eligibility for benefits to former members of the Maritime Command, including Land or Air element personnel, who joined the Canadian Forces following unification on February 1, 1968, and their dependents.

Its mandate will now also include former members of the Naval Reserve and their dependents. Eligibility is contingent upon one year's service for regular force personnel. Naval reserves will require three years full-time service, or five years part-time service.

Supported by private donations and volunteer help, the RCNBF has been providing financial counseling and assistance to members of the fleet and their families since 1942, and to Merchant Navy war veterans since 1993. The Fund is not a government agency but a charitable Canadian organization founded by Naval people to help their peers.

Those eligible are:

1. Former members of the Royal Canadian Navy, the Canadian Forces (Naval or Sea Element) and the Canadian Forces (others who served in units of the Maritime Command) providing they completed a minimum of one year's service therein, or if less than one year's service;
2. Serving members of the Canadian Forces who were members of the Royal Canadian Navy prior to February 1, 1968; a) were released due to a disability attributable to Naval Service; b) had Naval War service (World War I, World War II), Naval service in Korea or Naval service in a special duty area;
3. Former members of the Naval Reserve who had completed 3 years full time Reserve service; or, completed 5 years part time Reserve service;

4. Former members of the Royal Canadian Navy, the Canadian Forces (Navy or Sea Element) and the Canadian Forces (others who have served in units of Maritime Command) who were released due to a disability attributable to Naval service;
5. Former members of the Naval Reserve of the Royal Canadian Navy, the Canadian Forces (Navy or Sea Element) and Canadian Forces (others who have served in Maritime Command) who had War Service, service in Korea or service in a special duty area;'
6. Former members of the Women's Royal Canadian Naval Service;
7. Canadian Merchant Navy War Veterans who are defined by Section 6, s.s.1 of "The Merchant Navy War Veteran and Civilian War-related Benefits Act" R.S.C. 1992, c24; and;
8. Dependants of any individual who qualified for assistance under sub-paragraphs, 1 to 6 above.

For more information contact:
Ms. L.F. Harrison
RCN Benevolent Fund, P.O. Box 505, Stn "B",
Ottawa, Ont. K1P 5P6
Tel: (613) 996-5087; Fax: (613) 236-8830;
Toll-free: 1-888-557-8777
E-mail: renbf@sympatico.ca

The Condominium Option

Thinking of moving into a condo? Read on.

Empty nest blues? The house is just too big now that the chidren are married and the grandchildren are too far away to come home for visits? And, no matter how you wish, the dog simply can't be trained to share the housework? And you're thinking a condominium would make life simpler?

Be careful, warns Lloyd R. Manning, in the February issue of Good Times. Condos are not just for everyone. Before selling the old house, ask some questions of condominium residents—about maintenance, drafty windows, pets, rules about children visiting for the summer, guest parking, cost-sharing of repairs.

Be bold, urges Mr. Manning. Ask questions of the neighbours. Any regrets about moving there? What's the resale success ratio? Fire escapes okay? Any prohibitions like beer-making, cigar smoking? Is the parking space wide enough for the camper van? Is the condominium handy the supermarket, bank, church and the doctor's office just in case some bureaucrat decrees you're too old to drive anymore?

When you're purchasing the condominium, do you own anything outside the four walls of the space you've signed for? For example, some developers do not permit external flower boxes hanging on the railings; no private little gardens; no yard sales; no barbecues on the balcony.

It all sounds a bid negative, doesn't it? But, as the article in Good Times points out, there are positives too, about lifestyles in the condo.

You get out from under the responsibility to clear the snow, mow the lawn, paying the bills to heat the rooms you no longer use in the old house. In a condominium with a pool, elevators, recreation area, games room and walking trails, you can make new friends, get your exercise, get involved in projects and clubs or enjoy a good in-house library. People in condos "form a community within themselves, and encourage tolerance and compatibility," says the article.

And don't forget the security angle! We've all been hearing about house raids lately, with seniors generally being the victims. With restricted access, security personnel on duty and the proximity of friends who look in on one another from time to time, life's often safer in the condo.

We've been thinking about a move in our household. The wife and I aren't ready yet to make a decision because we love our home and neighbourhood, we're close to amenities, and we treasure the independence of home ownership. But the time for decision is nearing.

Like the saying goes, sometimes the Golden Years seem more of a bind than an asset, but ... there's always a flip side.

Submitted by Harold Shea

Fruits!

Fruit	Calories	Fiber (grams)	Vitamin A (IU)	Vitamin C (mg)	Folate (mcg)	Calcium (mg)	Magnesium (mg)	Potassium (mg)
Apple, raw with skin, 1 med.	81	3	74	8	4	10	6	159
Applesauce, unsweetened, 1/2 cup	53	1.8	29	2	—	4	4	91
Apricots, raw, 3 med.	51	1.4	2,769	11	9	15	8	313
Apricots, sulfur-dried, 10 halves	83	2.7	2,534	1	4	16	16	482
Avocado, 1 Calif. med.	306	4.7	1,059	14	113	19	70	1097
Banana, raw, 1 med.	105	1.8	92	10	22	7	33	451
Blackberries, raw, 1 cup	37	3.3	119	15	0	23	14	141
Boysenberries, frozen, unsweetened 1 cup	66	5	89	4	84	36	21	183
Cantaloupe, cubed, 1 cup	57	1.3	5,158	68	27	17	17	494
Casaba, cubed, 1 cup	45	—	51	27	—	9	14	357
Cherries (sweet), raw, 10	49	1.1	146	5	3	10	8	152
Dates, dried, 10	228	4.2	42	0	10	27	29	541
Figs, dried, 10	477	17.4	248	2	14	269	111	—
Fruit cocktail, water-pack, 1/2 cup	40	1	305	3	—	6	8	115
Fruit Roll-Ups (Betty Crocker), 1/2 oz roll	50	—	—	—	—	—	—	—
Grapefruit, pink & red, 1/2 med.	37	0.7	318	47	15	13	10	158
Grapes, American slip skin, 1 cup	58	—	92	4	4	13	5	176
Guava, raw, 1 med.	45	5	713	165	—	18	9	256
Honeydew melon, cubed, 1 cup	60	1	68	42	—	10	12	461
Kiwi, 1 med.	46	2.6	133	75	0	20	23	252
Loganberries, frozen, 1 cup	80	7	52	23	38	38	32	213
Mandarin oranges, canned in light syrup, 1/2 cup	76	0	1,058	25	—	9	10	99
Mango, 1 med.	135	2.2	8,060	57	—	21	18	322
Nectarine, 1 med.	67	2.2	1,001	7	5	6	11	288
Orange, navel, 1 med.	65	3	256	80	47	56	15	250
Papaya, 1 med.	117	2.8	6,122	188	—	72	31	780
Peach, 1 med.	37	1.4	465	6	3	5	6	171
Pear, 1 med.	98	4.3	33	7	12	19	9	208
Pear, canned in light syrup, 1 cup	144	1	0	2	3	13	11	165
Persimmon, 1 med.	32	—	—	17	—	7	—	78
Pineapple, cubed, 1 cup	77	1.9	35	24	16	11	21	175
Plum, 1 med.	36	1	213	6	1	2	4	113
Pomegranate, 1 med.	104	1	—	9	—	5	—	399
Prunes, dried 10	201	6	1,669	3	3	43	38	626
Raisins, seedless, 2/3 cup	300	5.3	8	3	3	49	33	751
Raspberries, raw, 1 cup	61	5.8	160	31		27	22	187
Strawberries, raw, 1 cup	45	3.9	41	85	26	21	16	247
Tangerine, 1 med.	37	2	773	26	17	12	10	132
Watermelon, cubed, 1 cup	50	0.6	585	15	3	13	17	186

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For more information call 1-800-670-0065 or 424-5407